



MICHIGAN DEPARTMENT OF NATURAL RESOURCES & ENVIRONMENT
OPERATOR TRAINING AND CERTIFICATION UNIT

APPLICATION FOR CERTIFICATION RENEWAL

By authority of Act 451, PA 1994 as amended
This form must be completed if you wish to remain certified.

Check the box for the certification renewal requested:

- INDUSTRIAL / COMMERCIAL WASTEWATER ☐
- STORMWATER CONSTRUCTION (A-1j) ☐
- STORMWATER INDUSTRIAL (A-1i) ☐
- CONCENTRATED ANIMAL FEEDING OPERATION (A-1k) ☐

NOTE: Please print clearly or type this application.

APPLICANT INFORMATION		
NAME (Last, First, Middle Initial):		
HOME MAILING ADDRESS:	HOME PHONE NO. (Include Area Code)	BUSINESS PHONE NO:
CITY:	STATE:	ZIP CODE:
CERTIFICATE NUMBER: (If known, if not leave blank)	LIST ALL WASTEWATER CERTIFICATIONS CURRENTLY HELD:	

Has the above address changed since your most recent exam or renewal application? Yes No

EMPLOYER INFORMATION		
NAME OF EMPLOYER:		
ADDRESS:		
CITY:	STATE:	ZIP:

Has your employer changed since your most recent exam or renewal application? Yes No

SIGNATURE _____ DATE _____
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PLEASE MAIL COMPLETED FORM TO:

**OPERATOR TRAINING AND CERTIFICATION UNIT - WASTEWATER
DEPARTMENT OF NATURAL RESOURCES & ENVIRONMENT
PO BOX 30241
LANSING, MICHIGAN 48909-7741**

**IF YOU HAVE QUESTIONS REGARDING THIS FORM PLEASE CALL:
517-373-4755**